

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wm. D. Reynolds
7013 State Rt 221
Georgetown Oh
45121

2. Article Number

(Transfer from service label)

002 0860 0000 1408 9962

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Col Wm D Reynolds

☐ Agent☒ Addressee

B. Received by (Printed Name)

Col Wm D Reynolds

C. Date of Delivery

10/4/05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

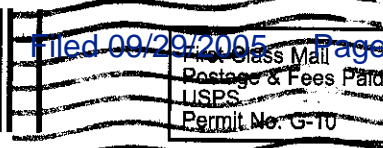
☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



• Sender: Please print your name, address, and ZIP+4 in this box •

**UNITED STATES DISTRICT COURT
324 Potter Stewart Courthouse
100 East Fifth Street
Cincinnati, OH 45202**

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C-01-877-487